

Sheet 1 of 2

THIS FORM REPLACES DR FORM 40, JAN 02  
PREVIOUS EDITIONS WILL BE DESTROYED

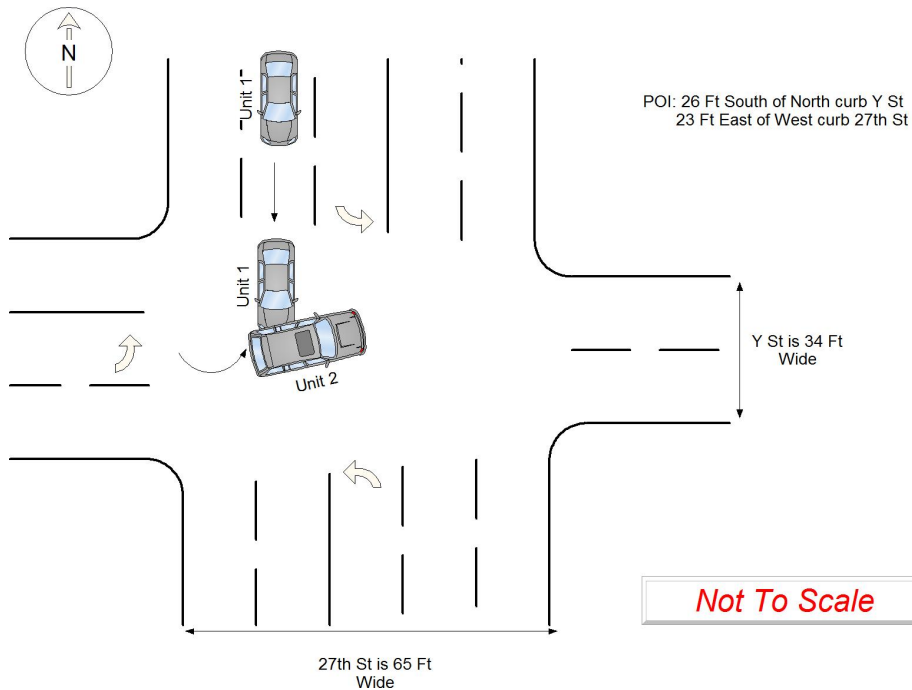
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B6-042482**



Indicate  
North  
by Arrow



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

D1 stated he was operating a motor vehicle Southbound on 27th St coming upon Y St in the inside lane. D1 stated he didn't realize his light was red and collided with V2 in the intersection. D2 stated he was Eastbound on Y St at 27th St. D2 stated he had a green light and started to turn Northbound onto 27th St when he was struck by V1. D1 was cited and released.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS														
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																					
1		X			27th St				4		2		<table border="1" style="width:100%; text-align:center;"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td>Y</td> </tr> <tr> <td>ALCOHOL LEVEL TESTED</td> <td>N</td> <td>X</td> <td>N</td> </tr> </table>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y		Y	Y	ALCOHOL LEVEL TESTED	N	X	N
ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian																							
Y		Y	Y																							
ALCOHOL LEVEL TESTED	N	X	N																							
2			X		Y St								<table border="1" style="width:100%; text-align:center;"> <tr> <th>BAC LEVEL</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td></td> <td>1</td> <td>1</td> </tr> </table>		BAC LEVEL	Driver No. 1	Driver No. 2		1	1						
BAC LEVEL	Driver No. 1	Driver No. 2																								
	1	1																								
1	01	06 Turning left			VEHICLE 1		VEHICLE 2		1 Deployed - front		1 None used - vehicle occupant		<b>ALCOHOL/ DRUGS SUSPECTED</b> 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown													
2	06	08 Entering traffic lane			POINT OF IMPACT		POINT OF IMPACT		2 Deployed - side		2 Lap & shoulder belt used															
				MOST DAMAGED AREA		MOST DAMAGED AREA		3 Deployed - both front/side		3 Shoulder belt only used																
				01		06		4 Not deployed		4 Lap belt only used																
				01		06		5 Not applicable/ No airbag available		5 Child safety seat used																
				02		03		6 Unknown		6 Child booster seat used																
				03		04				7 DOT approved helmet used																
				04		05				8 Costume helmet used																
				05		06				9 Restraint use unknown																
				06		07																				
				07		08																				
				08		09																				
				09		10																				
				10		11																				
				11		12																				
				12		Other																				
				12		Other																				
				13		Unknown																				

OFFICER NO. <b>1715</b>	TROOP/ TEAM/ BEAT <b>CE</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Jessica Stake</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Jessica Stake</b>	DATE OF REPORT <b>05/15/2016</b>